

ATTACHMENT 14

PAST PERFORMANCE AND EVALUATION FORMS

PAST PERFORMANCE FORM

This form contains Source Selection Information when completed (See FAR 2.101 and 3.104)

Return completed attachment to Ms. Leanne Olson at Leanne.Olson@nasa.gov or contact by phone at 228-688-1671.

NAME OF CONTRACTOR: _____

☐ Prime ☐ Team Member ☐ Other (Describe)

1. CUSTOMER/AGENCY NAME: _____

ADDRESS: _____

TELEPHONE: _____

2. CONTRACT NUMBER: _____

3. CONTRACT TYPE: _____

4. CONTRACT AWARD AMOUNT: \$ _____

5. FINAL PRICE OF CONTRACT: \$ _____

6. VARIANCES: Explain variances from original contract value for the contract(s)

7. ORIGINAL AND MODIFIED PERIOD OF PERFORMANCE:

From: _____ To: _____

8. COGNIZANT CONTRACTING OFFICER: (If commercial, customer's business manager):

NAME: _____ EMAIL: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

9. CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (If commercial, customer's technical manager):

NAME: _____ EMAIL: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

10. CONTRACT STATUS (if current, show percent complete; if terminated, explain why; if complete, so state)

11. DESCRIPTION OF THE WORK PERFORMED (use additional page as necessary):

Past Performance Evaluation Form

(NAME OF CONTRACTOR: _____)			CONTRACT#: _____	
Please rate the Contractor in the applicable areas according to the applicable performance criteria.				
A rating of "6" is best unless otherwise noted.				
NO	PERFORMANCE CRITERIA		RATING	UNIT
	<u>MANAGEMENT</u>			
1	Contractor's management abilities			(1-6)
2	Professionalism of Contractor			(1-6)
3	Subcontract Management			(1-6)
4	Contractor's flexibility in handling unforeseen events			(1-6)
5	Ability to communicate effectively			(1-6)
6	Ability to coordinate the effort of its subcontractors			(1-6)
7	Ability to adjust to schedule changes and outages			(1-6)
8	Ability to produce required permits/documentation			(1-6)
9	Response time to routine changes			(1-6)
10	Overall performance of Contractor			(1-6)
11	Your overall customer satisfaction			(1-6)
12	Your comfort level in hiring the Contractor again based solely on performance			(1-6)
13	Maintaining qualified key personal as described in offer			(1-6)
	<u>TECHNICAL</u>			
14	Overall quality and workmanship			(1-6)
15	Quality of Submittals (test results)			(1-6)
16	Ability to follow facility rules			(1-6)
17	Ability to minimize change orders/claims/requests for equitable adjustment			(1-6)
18	Ability to minimize lost production time			(1-6)
19	Ability to minimize defects			(1-6)
20	Contractor's housekeeping practices			(1-6)
	<u>QUALITY CONTROL</u>			(1-6)
21	Contractor's knowledge of codes and regulations			(1-6)
22	Compliance with Owner's safety programs			(1-6)
23	EPA/DOL knowledge & compliance. Any known violations?	Y/ N		(1-6)
24	Work place violence incidents?	Y/ N		(1-6)
	<u>SAFETY PROGRAM</u>			(1-6)
25	OSHA Violations past three years	Y/ N		(1-6)
26	Evaluation of TRIR Rates			(2, 3, or 5)
27	Evaluation of EMR Rates			(2, 3, or 5)
28	Evaluation of DART Rates			(2, 3, or 5)
	<u>OTHER</u>			
29	Response time to emergencies and changes			Days
30	Response time to warranty work requests			Days
31	Job completed on time (explain if No)			Y/N
32	Job completed ahead of schedule			Y/N
33	Any known lost time caused by onsite accidents (explain if Y)	Y/ N		Y/N
34	Any known transition impacts or negative impact on organization	Y/ N		(1-6)

OVERALL RATING: [☐] Outstanding (6) [☐] Above Average (5) [☐] Neutral (4) [☐] Satisfactory (3) [☐] Marginal (2) [☐] Unsatisfactory (1)